

**MILFORD SCHOOL DISTRICT
STUDENT REGISTRATION FORM (MMS and MHS)**

STUDENT INFORMATION	Date of Birth _____	Town of Birth _____
Last Name _____	First _____	Middle _____ Grade _____
Home Address _____	Apt# _____	Gender _____
City _____	State _____	Zip _____ Home Phone _____
Mailing Address (If different than home) _____	Apt# _____	
City _____	State _____	Zip _____ Bus # _____ AM _____ PM _____
Student Lives with _____	Previous school attended _____	
Primary Parent Contact _____	Phone # _____	
Is this student Hispanic/Latino? (please check ONE): <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, not Hispanic/Latino		
Student's Race (check as many as apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian		
<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		

CONTACT INFORMATION	
Parent/Legal Guardian #1 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	Receive mailings _____
Parent/Legal Guardian #2 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	Receive mailings _____

EMERGENCY CONTACTS	
(Adults other than those listed above who are willing to assume temporary care of your child and will be contacted if we are unable to contact a parent or guardian.)	
1 Full Name _____	Daytime Phone _____
Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
2 Full Name _____	Daytime Phone _____
Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
3 Full Name _____	Daytime Phone _____
Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work

Are there any restrictions regarding dismissals, visitations, or information on your child? Yes No
 If yes, explain _____
If there are legal restrictions for the school to observe, i.e., custody/guardianship orders or protection orders, the school must be provided with the appropriate legal documentation.

Parent /Guardian signature _____ Date _____

Student Name _____ Grade _____

MEDICAL HISTORY

Does the student HAVE?

Asthma-----	Yes	No
Seizures-----	Yes	No
Diabetes-----	Yes	No
Hearing problem-----	Yes	No
Vision problem-----	Yes	No

Does the student USE?

Inhaler@ school -----	Yes	No
Epi-Pen for allergic reactions--	Yes	No

May we have permission to give:

Tylenol (pain or fever) -----	Yes	No
Ibuprofen (pain) -----	Yes	No
Tums (indigestion) -----	Yes	No
Benadryl ----- (emergency allergic reaction only)	Yes	No

ALLERGIES

Bees-----	Yes	No
Environmental-----	Yes	No
Seasonal-----	Yes	No
Food(s) -----	Yes	No
Medication(s)-----	Yes	No

Please list food(s) and/or medication(s), then describe type of reaction(s)?

Current Medications (please list)

_____	Home	School
_____	Home	School
_____	Home	School

Should the school nurse be aware of any other medical problems or restrictions? _____

*** The State of NH requires parent permission and a doctor's order for students who need an Epi-Pen, inhaler, or prescription medications while in school. Please contact the nurse for parent form(s). ***

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

I am interested in having my child screened by the dental clinic. If checked, a permission form will be sent home in October.

PERMISSION TO PROVIDE EMERGENCY TREATMENT

I hereby grant permission to the Milford School District to administer First Aid, Epinephrine (Epi-Pen) if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

Parent / Guardian signature

Date

PERMISSION TO CONTACT STUDENT'S DOCTOR to confirm immunization and physical exam during the school year (August to June).

Parent / Guardian signature

Date

"I have confirmed all of the above information concerning my child."

Parent /Guardian signature

Date

*****PLEASE NOTIFY THE SCHOOL AT ONCE IF INFORMATION CHANGES*****